

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 Years
 Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
 How long in hospital or institution? 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 208 Locust St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Hattie M. Clayton Brooks

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Glesner Neild Brooks
 6.(c) If alive, give age 61 years
 7. Birth date of deceased (mo., day, yr.) Sept. 20, 1888
 8. AGE: Years 59 Months 3 Days 17 If less than one day
 hrs. min.

9. Birthplace Hoopersville, Dor. Co., Md.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Own Home

12. Name John M. Clayton

13. Birthplace Maryland

14. Maiden name Mary L. Simmons

15. Birthplace Maryland

16. Informant Mr. Glesner Brooks

Address Cambridge, Maryland

17. Burial Date thereof Jan. 10, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. 1/10/48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH January 7, 1948 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4, 1948 to January 7, 1948

and that I last saw him alive on January 7, 1948

Immediate cause of death Metastatic Carcinoma DURATION

Due to Adenocarcinoma of

Due to Cervix (uterus)

Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no.

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE H. J. Brooks M. D. or other

Address Cambridge Md. Date signed 1/4/48

RECEIVED
JAN 14 1948
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

00437

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cambridge, Maryland HospitalHow long in hospital or institution? 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. High 2 ST.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

3. (a) FULL NAME

James Benjamin Brown

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Florence P. Brown6. (c) If alive, give age 65 years7. Birth date of deceased (mo., day, yr.) Aug. 19, 1886

8. AGE:

Years

61

Months

4

Days

18

If less than one day

.....hrs.min.

9. Birthplace Cambridge, Maryland
(Town, county, and state)10. Usual occupation Post Office Employee11. Industry or business U. S. Mail12. Name George R. Brown13. Birthplace Maryland14. Maiden name Catherine Mowbray15. Birthplace Maryland16. Informant Mrs. J. Benjamin BrownAddress Cambridge, Maryland17. Burial Date thereof Jan. 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Christ Church CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. 1. 9. 48
(Date rec'd by registrar)John M. Mowbray MD
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1948 at 10:50A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1947 to Jan. 7, 1948
and that I last saw him alive on Jan. 7, 1948

Immediate cause of death

(1) Transfusion reaction
(2) Venous Thromboses

DURATION

5 days
5 days

Due to

Due to

Other conditions (1) Chr. Nephritis (2) Hypertension
(3) Acute anemia due to rupture of
respiratory tract
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. Mowbray MD
Address Cambridge, MD Date signed Jan 9, 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00438

116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about 10 days
 Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
 How long in hospital or institution? about 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Hurlock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John Wesley Cephas

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 15 1876 6.(c) If alive, give age

8. AGE: Years 71 Months 7 Days 21 If less than one day

9. Birthplace Hurlock Dor. Co Md
 (Town, county, and state)

10. Usual occupation Fireman

11. Industry or business Factory

12. Name Unknown

13. Birthplace

14. Maiden name Unknown

15. Birthplace

16. Informant Mrs James Hopkins

Address Hurlock Dor. Co Md

17. Burial Date thereof Jan 9 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Cem.

Location Hurlock Dist. Dor. Co Md

18. Funeral director W. M. Stedman & Son

Address Cambridge, Md.

19. Jan 8 1948 John M. M. M.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH 1/6/48 at 48 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/19/47 to 1/6/48
 and that I last saw him alive on 1/6/48

Immediate cause of death Toxemia DURATION 1 week

Due to Infection of leg 4 weeks

Due to

Other conditions Mental arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John M. M. M. M. D. or other

Address Cambridge, Md. Date signed 1/8/48

RECORDED
JAN 10 1948
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00439

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 yrs. 1 mo. 3 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 22 yrs. 1 mo. 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Bessie Chaplain

3. (b) Social Security Number

unknown

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

1871

8. AGE:

Years

Months

Days

If less than one day

77

hrs.

min.

9. Birthplace Easton Maryland (?)
(Town, county, and state)10. Usual occupation housewife

11. Industry or business _____

FATHER
MOTHER12. Name Richard H. D. Chaplain13. Birthplace Trappe, Maryland14. Maiden name Dorothy Rolle15. Birthplace St. Michaels16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof Jan 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring Hill CemeteryLocation Easton, Md.18. Funeral director Newman & HarrisonAddress St. Michaels Md19. 1-15 19 48 John M. ...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 19 48 at 10:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 19 47 to January 19 48and that I last saw her alive on January 14 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

Due to _____

Due to _____

Senile PsychosisOther conditions Arteriosclerotic cardio-vascular disease
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe M. D. or otherE.S.S.H. Cambridge, Md. Date signed 1/15/48

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JAN 17 1948
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00440

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 53 Years
 Hospital, institution, or street address where death occurred:
203 Academy Street
 How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 203 Academy Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war - - - - -

3. (a) FULL NAME

George W. Dail

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ida Abbott
 6. (c) If alive, give age 76 years
 7. Birth date of deceased (mo., day, yr.) Feb. 22, 1866
 8. AGE: Years 81 Months 11 Days 5 If less than one day - - - - - hrs. - - - - - min.

9. Birthplace RFD # 3, Dor. Co., Maryland.
 (Town, county, and state)

10. Usual occupation Plumbing

11. Industry or business General

12. Name Joseph Dail

13. Birthplace Maryland

14. Maiden name Mary Thomas

15. Birthplace Maryland

16. Informant Mrs. Ida Dail

Address Cambridge, Maryland

17. Burial Date thereof Jan. 29, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. Jan 29, 48 John M. [Signature]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27, 1948 at 9:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 22, 1948 to Jan 27, 1948
 and that I last saw him alive on January 23, 1948

Immediate cause of death Coronary Occlusion DURATION 15 min.

Due to - - - - -

Due to - - - - -

Other conditions - - - - -

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. - - - - -

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide - - - - - Date of - - - - -

Where did injury occur? - - - - - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) - - - - -

Means of Injury - - - - - Injured at work? - - - - -

23. SIGNATURE Eldridge H. [Signature] M.D. or other - - - - -

Address Cambridge, Md. Date signed 1-28-48

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FEB 2 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00441

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
 County Cambridge
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? several months
 Hospital, institution, or street address where death occurred:
on vessel Preston Lewis near
Leonard's Wharf
 How long in hospital or institution? Leonard's Wharf

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Maryland Ave.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

JOHN DORMAN

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Divorced
 6. (b) Name of husband or wife Margaret Pruitt
 7. Birth date of 1909 6. (c) If alive, give age 39 yrs
 deceased (mo., day, yr.) unknown, said to be 39 yrs
 8. AGE: Years 39 Months X Days X If less than one day X hrs. min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Sailor
 11. Industry or business Merchant Marine
 12. Name John Dorman
 13. Birthplace Somerset County, Md.
 14. Maiden name Daisy Morgan
 15. Birthplace Crisfield, Md.
 16. Informant Mrs. Minnie Dize
 Address Crisfield, Md.
 17. Burial, cremation, or removal Burial Date thereof Jan 3, 1948
 (month) (day) (year)
 Cemetery or crematory Crisfield Cemetery
 Location Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

MEDICAL CERTIFICATION about

20. DATE OF DEATH Jan. 1 19 48 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19 48 to X X 19 48and that I last saw him alive on X X 19 48

Immediate cause of death

Disease of Coronary Arteries

Due to Chronic Alcoholism DURATION several
years

Due to Chronic Alcoholism
 Other conditions Chronic Alcoholism

(Include pregnancy within 3 months of death)

Major findings of operations Chronic Alcoholism
 Date of op. Chronic Alcoholism

Autopsy results Chronic Alcoholism
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

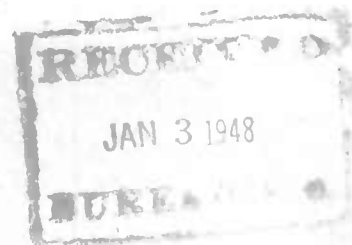
Accident, suicide, or homicide Chronic Alcoholism Date of Chronic AlcoholismWhere did injury occur? Chronic Alcoholism (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Chronic AlcoholismMeans of injury Chronic Alcoholism Injured at work? Chronic Alcoholism

23. SIGNATURE John Dorman Dep. Med. Exam.
 M. D. or other Chronic Alcoholism

Address Cambridge, Md. Date signed Jan. 1/48

19 Jan. 2 - 19 48
 (Date rec'd by registrar)

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00442

Reg. Dist. No. 112

1. PLACE OF DEATH:

County Worcester

City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Germa H. Greese

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct 21 1869

8. AGE:

Years 78

Months 3

Days 8

6. (c) If alive, give age

years
If less than one day
hrs. min.

9. Birthplace

Pennsylvania
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Henry Greese

12. Name

Pennsylvania

13. Birthplace

Clara Brown

14. Maiden name

Pennsylvania

15. Birthplace

Howard Greese

16. Informant

Vienna

17. Burial

Burial

18. Cemetery or crematory

Cemetery

19. Location

H.B. Villoughby

20. Funeral director

Harlock

21. Address

Jan 31 1948

22. (Date rec'd by registrar)

19 48

23. Registrar

Elizabeth Greese

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Worcester

City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1948 at 6:00 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1946 to January 1948

and that I last saw him alive on January 25 1948

Immediate cause of death Coronary thrombosis DURATION 10 minutes

Due to Chronic Myocardial Degeneration 5 yrs

Due to General Arteriosclerosis 5 yrs.

Other conditions Auricular fibrillation 1 year

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE W. C. Harrison MD

Harlock MD M. D. or other

Address Harlock MD Date signed 1/29/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 4 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

00443

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 504 Washington St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Oliver Greenwell

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Mamie S. Regoe

7. Birth date of deceased (mo., day, yr.) Oct 21 - 1869
 6.(c) If alive, give age 74 years

8. AGE: Years 78 Months 3 Days 1 If less than one day
 hrs. min.

9. Birthplace Ross Neck, Dor Co.
 (Town, county, and state)

10. Usual occupation House Carpenter11. Industry or business Alexander Greenwell Day Co.12. Name Alexander Greenwell13. Birthplace Day Co.14. Maiden name Frances Seward15. Birthplace Dor Co.16. Informant Mrs Mamie GreenwellAddress 504 Washington St. Cambridge

17. Buried Date thereof 1/25/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market
 Location East New Market, Md.

18. Funeral director Berneth R. Thomas
 Address Cambridge, Md.

19. Jan 21 - 1948 John Brown Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 19 48 at 2 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 19 47 to Jan 22 19 48and that I last saw him alive on Jan 22 19 48Immediate cause of death Acute MyocarditisCongestive FailureDue to 7 weeks

Due to

Other conditions Enteritis Type 2

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Hugh Brown M.D.

Cambridge Md M. D. or other
 Address Date signed 1/23/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00444

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 313 Oakley St
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Elizabeth H. Hackett

3. (b) Social Security Number

none

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Wm. H. Hackett
 7. Birth date of deceased (mo., day, yr.) April 12, 1889
 6. (c) If alive, give age 66 years
 8. AGE: Years 58 Month 9 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Wilkes Barre, Pa.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Edward J. Hummel II
 13. Birthplace Pa.

14. Maiden name Jeanette - last name unknown
 15. Birthplace Pa.

16. Informant Wm. H. Hackett
 Address 313 Oakley St., Cambridge

17. Burial Date thereof 1-15-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Greenlawn
 Location Cambridge, Md

18. Funeral director Hummel R. Thomas
 Address Cambridge, Md

19. Jan. 15, 48 John MacFarland
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1948 at 11:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 31 1947 to Jan 13 1948

and that I last saw her alive on Jan 12 1948

Immediate cause of death Apoplexy

Due to _____

Due to _____

Other conditions _____

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

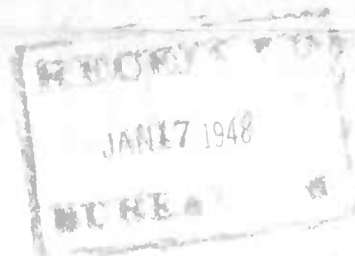
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE P. H. Tress M. D. or other _____
 Address Cambridge, Md Date signed 1/14/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00445

180

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

27 Douglas StreetHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 27 Douglas St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Dorsey Jackson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) January 3rd 18866. (c) If alive, give age - years

8. AGE:

Years

Months

Days

If less than one day

62 0 28 hrs. min.9. Birthplace Church Creek, Dorchester Co., Md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

agent Jackson12. Name Beckwith Neck, Md.13. Birthplace Alice Jackson14. Maiden name Beckwith Neck, Md.15. Birthplace Isaac Jackson + Dorchester Co., Md.16. Informant 163 Washington St. Cambridge, Md.Address Burial17. (Burial, cremation, or removal. Which?) Date thereof 2/2/48
(month) (day) (year)Cemetery or crematory CemeteryLocation Cambridge, Md.18. Funeral director Lewis H. BagneumAddress Cambridge, Md.19. Feb 4 1948 John D. Dwyer Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31st 1948 at 8:04 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

On arrival to 19and that I last saw Deceased on arrival to 19Immediate cause of death asphyxia dueto smoke and 3rddegree burnsDue to (Caught in chimney)house

Due to

Other conditions Paralysis of bothlegs

(Include pregnancy within 3 months of death)

Major findings of operations none

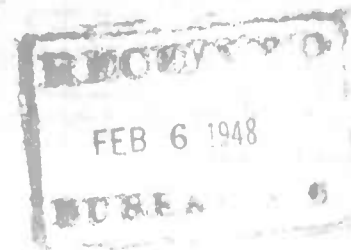
Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide accident Date of 1-31-48Where did injury occur? Cambridge, Dorchester, Maryland
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) at homeMeans of injury Fire Injured at work? no23. SIGNATURE Edridge Hedoff MDAddress Deputy Medical ExaminerDate signed 2-2-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00446

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Hopkinton
 City or town Cumby
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dor
 City or town Cumby, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 409 Bynum St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Wm. Southlake

3. (b) Social Security Number

217-03-5256

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept - 17 - 1910

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

37

hrs.

min.

9. Birthplace

Cecil Co. Md
(Town, county, and state)

10. Usual occupation

Bookkeeper

11. Industry or business

FATHER

12. Name

W. C. Lake

13. Birthplace

Wilmington

MOTHER

14. Maiden name

Louise Saunders

15. Birthplace

Cecil Co

16. Informant

Mrs. Howard Weathers

Address

409 Bynum St. Cumby

17.

Burial

Date thereof

1-8-1948

(Burial, cremation, or removal. When?)

Cemetery or crematory

Bethel

Location

Cecil County, Md.

18. Funeral director

Kenneth K. Shuman

Address

Cumby, Md

19.

Jan. 7 - 48

(Date rec'd by registrar)

John M. Mays, M.D.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 619 48at 12:55 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 19 48 to Jan 6 19 48and that I last saw him alive on Jan 5 19 48

Immediate cause of death

Coronary Atherosclerosis

DURATION

Due to

Coronary Atherosclerosis

Due to

Coronary Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

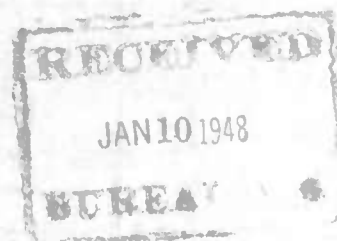
23. SIGNATURE

John M. Mays, M.D.

M. D. mother

Address

Date signed



Address John Doe VPO Date signed 1/1/88

VS A15
9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and complete answers are especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 8 1948

STANDARD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
159
00448
BIRTH CERTIFICATE ON FILE
under file

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co.City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. R. 5 D
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Infant

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorcedMale Colored

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan 11 1948 8. (c) If alive, give age years

8. AGE: Years Months Days If less than one day

9. Birthplace Cambridge Md.
(Town, county and state)10. Usual occupation none11. Industry or business none12. Name John Todd13. Birthplace Maryland14. Maiden name Ann Lee15. Birthplace Maryland16. Informant John ToddAddress 24 Wright St17. Date of death Jan 14, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Cambridge

Location

18. Funeral director James H. BunkerAddress Cambridge Md19. Date of death Jan 17 - 1948

(Det. rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 19 48 at 11:05 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 11 19 48 to Jan 11 19 48and that I last saw him alive on Jan 11 19 48Immediate cause of death Prematurity

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Alfred Bunker M.D.Address Race St. Cambridge Date signed 1-16-48Thailand

JAN 19 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester
 County Dorchester
 City or town Taylor Island Rd
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 years
 Hospital, institution, or street address where death occurred
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Taylor Island
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME J. Emory Marshall 3. (b) Social Security Number none

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Elsie S. Marshall
 7. Birth date of deceased (mo., day, yr.) July 12 - 1873 6. (c) If alive, give age 70 years
 8. AGE: Years 74 Months 6 Days 12 If less than one day
 hrs. min.

9. Birthplace Nashua N.H.
 (Town, county, and state)
 10. Usual occupation Retired Wholesale Grocer

11. Industry or business C. B. Marshall
 12. Name Nashua N.H.
 13. Birthplace Susan Devensbury
 14. Maiden name Nashua N.H.
 15. Birthplace Mrs. Hilda Wilboughby

18. Informant Taylor Island
 Address Bureau
 17. (Burial, cremation, or removal, Which?) Burial Date thereof Jan 30 - 48
 (month) (day) (year)

Cemetery or Nashua
 Location Nashua New Hampshire
 18. Funeral director R. H. Thomas - Cambridge Md
 Address Chas H. Farnell, Nashua N.H.

19. 1-28- 18 John Marshall MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 19 48 at 2:50 A
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 OCT 19 47 to 4 DEC 19 48
 and that I last saw him alive on 4 DEC 19 47
 Immediate cause of death HEMIPLEGIA
LT. SIDE
 DURATION
 Due to
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)
 Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE John E. Hunt MD
105 Church St. M.D. or other
 Address Date signed 12 JAN



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Cornersville-RFD # 3How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Cornersville-RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war -----

3. (a) FULL NAME

John Brerwood Moore

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Sarah Francis Beckwith6. (c) If alive, give age 77 years

7. Birth date of

deceased (mo., day, yr.)

Sept. 14, 1866

8. AGE:

Years

Months

Days

If less than one day

81414

hrs.

min.

9. Birthplace

RFD # 3, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

House

FATHER

12. Name

Hiram W. Moore

13. Birthplace

Dor. Co., Maryland

MOTHER

14. Maiden name

Caroline Dayton

15. Birthplace

Dor. Co., Maryland

16. Informant

Mrs. John Moore

Address

RFD # 3, Cambridge, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Jan. 31, 1948
(month) (day) (year)

Cemetery or crematory

Greenlawn Cemetery

Location

Cambridge, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

1/31/48
(Date rec'd by registrar)John Moore
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1948 at 7:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

In Jan. 1948 to 1/27 19 48and that I last saw him alive on 1/27 19 48

Immediate cause of death

from myocardial infarction

DURATION

Due to

Due to

Other conditions

acute Pharyngitis

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---Where did injury occur? ---
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) ---Means of injury --- Injured at work? ---

23. SIGNATURE

My State

M. D. on file

Address Med. Cambridge Md. Date signed 1/29-48

RECEIVED

FEB 3 1948

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00452

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 47 Years

Hospital, institution, or street address where death occurred:

417 Maryland Ave.How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 417 Maryland Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

J. Howard Phillips

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Sallie E. Delaha

7. Birth date of deceased (mo., day, yr.)

June 5, 18746. (c) If alive, give age 73 years

8. AGE:

Years 73Months 7Days -

If less than one day

- hrs. - min.

9. Birthplace

Salem, Dor. Co., Maryland

(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Contractor

FATHER

12. Name

John C. Phillips

13. Birthplace

Maryland

MOTHER

14. Maiden name

Catherine Marshall

15. Birthplace

Maryland

16. Informant

Mrs. Sallie D. Phillips

Address

Cambridge, Maryland.

17.

BurialDate thereof Jan. 8, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

Jan 9 - 48

19

48John Marshall MD

Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5, 1948 at 10:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April19 45to Jan. 5,19 48and that I last saw him alive on Jan. 5, 19 48

Immediate cause of death

DURATION

Hypertensive Cardio-Vascular Disease 3 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Lila Owen Hewitt, M.D.

M. D. or other

Address

Cambridge, Maryland

Date signed

Jan. 8, 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00451

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Danville
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

Danville Md. Hospital
4 weeks

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dor

City or town Danville
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 414 Hughlett St.
 (If rural, give LOCATION)

2.(a) If veteran, name war World War #1 ✓

3. (a) FULL NAME

Russell H. Robinson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Nettie Elzey6. (c) If alive, give age 39 years

7. Birth date of

deceased (mo., day, yr.)

Nov 29 - 1907

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>2</u>	<u>0</u>	hrs. min.

9. Birthplace

Dor County

(Town, county, and state)

10. Usual occupation

Auto Repairman

11. Industry or business

Herbert Robinson

12. Name

13. Birthplace

Dor Co

14. Maiden name

Elsie Taylor

15. Birthplace

Danville Md.

16. Informant

Mrs Nettie C. Robinson

Address

Danville Md.

17. (Burial, cremation, or removal. Which?)

BurialDate thereof Jun 31 - 1948

Cemetery or crematory

Danville Memorial Bk

Location

Danville Md.

18. Funeral director

Reverend B. Thomas

Address

Danville Md.

19. (Date rec'd by registrar)

Jan 31 - 48

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1948 at 3:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 13 1947 to January 29 1948and that I last saw him alive on January 29 1948

Immediate cause of death

Multiple myeloma

DURATION

11 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. B. Bunker M.D.

M. D. or other

Address Danville, Maryland Date signed 1-30-48

RECEIVED

FEB 3 1948

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00453

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Brookview
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Brookview
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Charles F. Spear

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Margaret J. Spear
 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 23, 1865

8. AGE: Years 82 Months 3 Days 22 If less than one day — hrs. — min.

9. Birthplace Dorchester County, Maryland
 (Town, county and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

12. Name John F. Spear

13. Birthplace Dorchester County, Maryland

14. Maiden name Mary Thompson

15. Birthplace Dorchester County, Maryland

16. Informant Roland C. Spear

Address Vienna, Maryland, R.F.D.

17. Burial Date thereof January 17, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brookview Cemetery

Location Near Rhodesdale, Maryland

18. Funeral director J. J. Fraughton and Son

Address Farmersburg Maryland

19. January 17-48 Charles Hartung
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 19 48 at 10:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 16 to Jan 14 19 48

and that I last saw him alive on Jan 14 19 48

Immediate cause of death Cerebral Hemorrhage

DURATION

3 months

Due to Arteriosclerosis

5 years?

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE H. S. Kuhlman M. D. or other

Address Sharpton Rd Date signed 1/16/48

REMOVED

JAN 21 1948

SUNDAY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

00454

1. PLACE OF DEATH:

County Honchester
 City or town Madison
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? entire life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Honchester
 City or town Madison
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Wm. Edward Drego

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Edith Hayward

7. Birth date of deceased (mo., day, yr.)

7-19-1910

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

67517

hrs.

min.

9. Birthplace

Madison
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Richard Drego

12. Name

FATHER

MOTHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal)

Date thereof

Jan 9-1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

1-9-48John DregoRegistrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan 6

19

48

at

9 P.

M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 7 1947 to Jan 6 1948

and that I last saw him

alive onJan 6

19

48

M.

Immediate cause of death

Cerebral hemorrhage
x cerebral thrombosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Drego M. D. or other
Address Camden Date signed 1-15-48

RECEIVED
JAN 13 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00455

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... DorchesterCity or town... Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 months 24 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 5 months 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CecilCity or town... Port Deposit
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Edward Trowbridge

3. (b) Social Security Number

unknown

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife... Maude Adams Trowbridge

7. Birth date of deceased (mo., day, yr.)

unknown Aug 18, 1867

8. AGE:

Years

Months

Days

If less than one day

80 78 ?420

hrs.

min.

9. Birthplace... Port Deposit, Cecil Co., Maryland
(Town, county, and state)10. Usual occupation... Stationary engineer

11. Industry or business

FATHER

12. Name... Edward Trowbridge13. Birthplace... Connecticut

MOTHER

14. Maiden name... Mary Jones15. Birthplace... Maryland16. Informant... Eastern Shore State Hospital RecordsAddress... Cambridge, Maryland17. Burial
(Burial, cremation, or removal, Which?)Date thereof... Jan 11, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Jan. 8 1948
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... January 7, 1948 at 2:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14, 1947 to Jan. 7, 1948and that I last saw him alive on January 7, 1948Immediate cause of death... Chronic Myocarditis and myocardial degeneration

DURATION

more than 6 monthsDue to... Senile Psychosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Grace M. Branscombe

M. D. or other

Address... E.S.S.H. Cambridge, Md. Date signed 1/7/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 00456116

1. PLACE OF DEATH:
 County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....48 years
 Hospital, institution, or street address where death occurred.....
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Dorchester
 City or town.....Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....8 Fairmount Ave
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME

Laura Ellen Waters

3. (b) Social Security Number

4. Sex.....Female
 5. Color or race.....Negro
 6. (a) Single, married, widowed, or divorced.....Widow
 6. (b) Name of husband or wife.....Wm B. Waters
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....Jan 10 1877
 8. AGE: Years.....73 Months.....11 Days.....25 hrs..... min.....
 9. Birthplace.....Fairmount Som. Co. Md
 (Town, county, and state)
 10. Usual occupation.....Housewife
 11. Industry or business.....Home

12. Name.....John David Maddox
 13. Birthplace.....Fairmount Som. Co. Md
 14. Maiden name.....Unknown
 15. Birthplace.....Fairmount Som. Co. Md

16. Informant.....Lulu Conaway
 Address.....Cambridge Dor. Co. Md
 17. Burial.....Burial Date thereof.....Jan 7 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....Waucho Cemetery
 Location.....Cambridge Dor. Co. Md
 18. Funeral director.....W. H. Deffen & Son
 Address.....Cambridge, Md.

19. Jan. 7 - 48.....John M. [unclear]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....1 - 4 1948 at 4:20 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12 - 31 1947 to 1 - 4 1948
 and that I last saw him/her alive on 1 - 4 1948
 Immediate cause of death.....Cardiac failure DURATION.....3 days

Due to.....Anteriosclerotic heart disease
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide..... Date of ..
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE.....Edwin F. [unclear]
 Address.....300 Main St. Cambridge, Md. Date signed.....1-6-48

RECEIVED
JAN 10 1948
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00457

Reg. Dist. No. 115

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:

HoopersvilleHow long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Hoopersville
(If outside city or town limits, write RURAL and give nearest town)Street No. Hoopersville
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

3. (a) FULL NAME

Sarah Johnson Woodland

3. (b) Social Security Number

- - - - -

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Levin A. Woodland
(Died Dec. 1938)6. (c) If alive, give age - - - - - years7. Birth date of deceased (mo., day, yr.) Dec. 17, 1869

8. AGE:

Years 78Months 1Days 8

It less than one day

- - - - - hrs. - - - - - min.9. Birthplace Bishops Head, Dor. Co., Md.
(Town, county, and state)10. Usual occupation - - - - -11. Industry or business - - - - -FATHER
MOTHER12. Name Wesley Johnson13. Birthplace Maryland14. Maiden name Martha Ann Lewis15. Birthplace Maryland16. Informant Mrs. Calvert ParksAddress Hoopersville, Maryland.17. Burial Date thereof Jan. 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olive CemeteryLocation Baltimore, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. Jan 25 19 48 James W. Meade
(Date rec'd by registrar) LOCAL Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1948 at 10:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 20 19 48, to Jan 25 19 48
and that I last saw him alive on Jan 25 19 48

Immediate cause of death

Cerebral Rupture

DURATION

10 yrs

Due to

Due to

Other conditions

Cerebral Hemorrhage5 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James W. Meade, M.D.

M. D. or other

Address Shelbyville, Md. Date signed Jan 25/48

